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								_				
Fill	I in this information to	identify your c	ase:									
De	ebtor 1	Philip J. Fin	amore					-				
	ebtor 2 ;	Sheila A. Fi	namore			and a sharp of the state of the	·					
Un	ited States Bankrupto	y Court for the	: DISTRICT OF NEW J	ERSEY								
	se number 16-24	4398		_				Check	if this is	:		
(If k	nown)								amende	-		
				······································							ving postpetiti e following dat	•
<u>O</u>	fficial Form 1	1061						M	M / DD/ Y	ryyy		
S	chedule I: Y	our Inc	ome									12/15
	•	Employment	On the top of any additi		-	ur nam	e and					
	information.			Debtor		6. 5. 5.		<u> </u>	armen de promotorio	000144 (000077140072074007	-filing spous	P
	If you have more that attach a separate pa	age with	Employment status	Employed			_	■ Employed				
	information about ac employers.	dditional	Occupation	□ Not employed				□ Not employed				
	Include part-time, se		Occupation	Teach					Recreational Therapist			
	self-employed work.		Employer's name	Division	on of Child	iren &	Fam	ilies I	Lourde	s Medi	cal	to make the move to who make the PATE ATT ATT ATT.
	Occupation may incl or homemaker, if it a		Employer's address	State	of New Jer	sey	and and a second of the second		Willingl	boro, N	IJ	doll'om to mobile domination to deliver a file of the state of the sta
			How long employed th	nere?	37 Years	\$			2	6 Year	s	
Par	t 2: Give Detail	ls About Mon	thly Income				~~~~~~	-~ w.a				
	mate monthly incomouse unless you are sep		ite you file this form. If y	ou have	nothing to re	port for	any li	ne, write \$	0 in the	space. I	nclude your n	on-filing
	u or your non-filing spo e space, attach a sepa		re than one employer, co his form.	mbine the	e information	for all e	emplo	yers for th	at perso	n on the	lines below. I	you need
								For Debte	or 1	(0.55),000/03/45/64/646	ebtor 2 or iling spouse	_
2.			y, and commissions (be alculate what the monthly			2.	\$	6,9	83.62	\$	4,811.23	
3.	Estimate and list m	onthly overti	me pay.			3.	+\$		0.00	+\$	0.00	 -1

Official Form 106I Schedule I: Your Income page 1

6,983.62

4,811.23

Calculate gross Income. Add line 2 + line 3.

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	tor 1 tor 2	Philip J. Finamore Sheila A. Finamore		Case no	umber (if known)	16-24398		
	Сор	y line 4 here	4.	For C	9ebtor 1 6,983.62	For Debte non-filing		and the state of t
5.	Liet	all payroll deductions:						_
0.	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	4 CO4 EC	\$	002.02	
	5b.	Mandatory contributions for retirement plans	5b.	\$	1,691.56 512.59	\$	883.83 0.00	en.
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	336.55	-
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	_
	5e.	Insurance	5e.	\$	563.88	\$	71.61	_
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	_
	5g.	Union dues	5g.	\$	80.58	\$	0.00	_
	5h.	Other deductions. Specify: WASH	_5h.+	. \$	0.00	+ \$	412.49	**
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	2,848.61	\$	1,704.48	~
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	4,135.01	\$	3,106.75	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00	·
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00	_
	8e.	Social Security	8e.	\$	0.00	\$	0.00	••
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00	-
	8h.	Other monthly income. Specify: Tax Refund	_ 8h.+	* \$	250.00	+ \$	0.00	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	250.00	\$	0.00	0
10	Calc	culate monthly income. Add line 7 + line 9.	10. \$	Α	,385.01 + \$	3,106.7	5 = \$	7 404 76
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			,303.01	3, 100.1	- "	7,491.76
11.	Stat Inclu	te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your or friends or relatives. The property included in lines 2-10 or amounts that are not a second contribution.	depen			ed in Schedi	ule J.	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The result is the thing of the summary of Schedules and Statistical Summary of Certain lies					2. \$	7,491.76
							Combin	
13.	Do :	you expect an increase or decrease within the year after you file this form? No. Yes. Explain;	nade e de anade en maior a de		· · · · · · · · · · · · · · · · · · ·		month	y income
	_							

Fil	I in this informa	ation to identify y	our case:	Z strandingWhite a site				
De	btor 1	Philip J. Fin	amore			C	heck if this is:	
						7	An amended filing	
De	btor 2	Sheila A. Fir	namore				A supplement sho	wing postpetition chapter
(SI	pouse, if filing)	-F					13 expenses as of	f the following date:
Un	ited States Bank	ruptcy Court for the	: DISTF	RICT OF NEW JERSEY			MM / DD / YYYY	
	se number 10 known)	6-24398						
0	official Fo	rm 106J						
S	chedule	J: Your	Expe	nses				12/1:
Be inf	as complete ormation. If m	and accurate as	possible eded, att	e. If two married people a ach another sheet to this				or supplying correct
_		ibe Your House	hold			······································		MTTV/A/A
1.	Is this a joir							
	☐ No. Go to							
	_		ın a sepa	rate household?				
	■ N:	•	st file Offic	ial Form 106J-2, Expenses	s for Separate Househ	old of De	ebtor 2.	
2.	Do you have	e dependents?	□ No					
	Do not list De Debtor 2.	•	Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 2	2 .	Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents i				Child		27	Yes
								□ No
								☐ Yes
								□ No
								☐ Yes
								□ No
								☐ Yes
3.	expenses of	enses include people other th your depender	nan 👝	No Yes				
(
Est exp	imate your ex	ite Your Ongoin penses as of yo date after the b	ur bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp	ou are using this for lemental <i>Schedule J</i>	m as a s , check	supplement in a Cha the box at the top of	pter 13 case to report f the form and fill in the
the		assistance and		government assistance if cluded it on Schedule I: Y			Your expe	nses
4.		home ownersh any rent for the		ses for your residence. In	nclude first mortgage	4.	\$	2,127.00
	If not include	ed in line 4:						
	4a. Real es	state taxes				4a.	\$	0.00
	4b. Propert	y, homeowner's,	or renter	s insurance		4b.	\$	0.00
	4c. Home r	maintenance, rep	air, and u	pkeep expenses		4c.		100.00
		wner's association				4d.		0.00
5.	Additional m	ortgage paymer	nts for yo	ur residence, such as hor	ne equity loans	5.	\$	0.00

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Debi	E ·	Case num	per (if known)	16-24398
			. ,	
6.	Utilities:	6a.	œ.	200.00
	6a. Electricity, heat, natural gas6b. Water, sewer, garbage collection	6b.		200.00
		6c.		150.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6d.		250.00
7	6d. Other. Specify: Cell phone			400.00
7.	Food and housekeeping supplies	7.	\$	750.00
8.	Childcare and children's education costs	8.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	·	100.00
	Personal care products and services	10.		100.00
11.	Medical and dental expenses	11.	\$	150.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$	300.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	50.00
	Charitable contributions and religious donations	14.		0.00
	Insurance.		·	0.00
10.	Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	48.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	543.00
	15d. Other insurance. Specify:	15d.	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	Specify:	16.	\$	0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	349.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other. Specify: Maintenance Insurance	17c.	\$	30.00
	17d. Other. Specify: Pet Insurance	17d.	\$	40.00
18.	Your payments of alimony, maintenance, and support that you did not report	as		
	deducted from your pay on line 5, Schedule I, Your Income (Official Form 106		\$	0.00
1 9 .	Other payments you make to support others who do not live with you.		\$	0.00
	Specify:	19.		
20.	Other real property expenses not included in lines 4 or 5 of this form or on So			
	20a. Mortgages on other property	20a.		0.00
	20b. Real estate taxes	20b.		0.00
	20c. Property, homeowner's, or renter's insurance	20c.	/ V	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.		0.00
	20e. Homeowner's association or condominium dues	20e.		0.00
21.	Other: Specify: Pet Care	21.	+\$	50.00
22	Calculate your monthly expenses			
	22a. Add lines 4 through 21.		\$	5,737.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-	-2	\$	
	22c. Add line 22a and 22b. The result is your monthly expenses.	_	•	E 727 00
	220. Add life 22a and 22b. The result is your monthly expenses.		Ψ	5,737.00
23.	Calculate your monthly net income.			
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	7,491.76
	23b. Copy your monthly expenses from line 22c above.	23b.	-\$	5,737.00
	23c. Subtract your monthly expenses from your monthly income.		·	4 754 76
	The result is your monthly net income.	23c.	\$	1,754.76
0.4	B			
24.	Do you expect an increase or decrease in your expenses within the year after For example, do you expect to finish paying for your car loan within the year or do you expect			ease or decrease because of a
	modification to the terms of your mortgage?	, cor moregage	payment to more	occo or occidant pecanation of a
	■ No.			
	☐ Yes. Explain here:			

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Debtor 1	Philip J. Finan	Middle Name	Last Name	A
Debtor 2	Sheila A. Fina	more		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	inkruptcy Court for th	e: DISTRICT OF NEW JER	RSEY	
Case number	16-24398			
(if known)				Check if this is an amended filing
Official Form	n 106Dec			
Declarat	ion About	an Individual	Debtor's Sched	ules 12/15
If two married pe	obse are suma todas			
obtaining money years, or both. 18	· farm whanavar va	u file bankruptcy schedules d in connection with a bankr	or amended schedules. Making uptcy case can result in fines t	g a false statement, concealing property, or up to \$250,000, or imprisonment for up to 20
You must file this obtaining money years, or both. 18	s form whenever you or property by frau I U.S.C. §§ 152, 134 Below	u file bankruptcy schedules d in connection with a bankr 1, 1519, and 3571.	or amended schedules. Making ruptcy case can result in fines t uptcy case can result in fines t ey to help you fill out bankrupt	up to \$250,000, or imprisonment for up to 20
You must file this obtaining money years, or both. 18	s form whenever you or property by frau I U.S.C. §§ 152, 134 Below	u file bankruptcy schedules d in connection with a bankr 1, 1519, and 3571.	uptcy case can result in fines t	up to \$250,000, or imprisonment for up to 20
You must file this obtaining money years, or both. 18 Sign Did you pay	s form whenever you or property by frau I U.S.C. §§ 152, 134 Below	u file bankruptcy schedules d in connection with a bankr 1, 1519, and 3571.	uptcy case can result in fines t	up to \$250,000, or imprisonment for up to 20

Declaration About an Individual Debtor's Schedules

Fill in this information to identify your case:



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